| , (      | MULTIPL                                       | E DEPENDE               | ENT CLAIM        | SERIAL N   | SERIAL NO. PILING DATE                |                            |         |  |  |  |
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| ·        |   | LCULATIO<br>E WITH FORM |                  | APPLICAN   | APPLICANT(S)                          |                            |         |  |  |  |
|          | r   | <b>T</b>                |                  | CLAIMS     | · · · · · · · · · · · · · · · · · · · | I                          |         |  |  |  |
|          | as filed                                      | AFTER                   | AFTER MAKENDHEHT | <u> </u>   | AS FILED                              | AFTER<br>MANDROMENT        | AFTER   |  |  |  |
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| 3        | 7   |                         |                  | 53         |                                       |                            | · ·     |  |  |  |
| 5        | <del>                                  </del> |                         | <del>  </del>    | 54         |                                       |                            |         |  |  |  |
| . 6 .    |   |                         |                  | 56         |                                       |                            |         |  |  |  |
| 7 8      |   | <del></del>             |                  | 57<br>58   |                                       |                            |         |  |  |  |
| 9        |   |                         |                  | 59         |                                       |                            |         |  |  |  |
| 10       |   |                         |                  | 60         | 9                                     |                            |         |  |  |  |
| 11       |   |                         |                  | 61         |                                       |                            |         |  |  |  |
| 13       |   |                         |                  | 63         |                                       |                            |         |  |  |  |
| 14       |   |                         |                  | 64         |                                       |                            |         |  |  |  |
| 16       |   |                         |                  | 66         |                                       |                            |         |  |  |  |
| 17       |   |                         |                  | 67         |                                       |                            |         |  |  |  |
| 19       | -/  |                         |                  | 68         |                                       |                            |         |  |  |  |
| 20       | $\neg \Box$                                   |                         |                  | 70         |                                       |                            |         |  |  |  |
| 21       |   |                         |                  | 71         |                                       |                            |         |  |  |  |
| 23       |   |                         |                  | 73         |                                       |                            |         |  |  |  |
| 24       |   |                         |                  | 74         |                                       |                            |         |  |  |  |
| 26       |   |                         |                  | 75.        |                                       |                            |         |  |  |  |
| 27       |   |                         |                  | 77         |                                       |                            |         |  |  |  |
| 18       |   |                         |                  | 78<br>79   | el                                    |                            |         |  |  |  |
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| 4        |   |                         |                  | 84         |                                       |                            |         |  |  |  |
| 5        |   |                         |                  | 85         | <del>  </del>                         |                            |         |  |  |  |
| 7        |   |                         |                  | 87         |                                       |                            |         |  |  |  |
| -        |   |                         |                  | 88         |                                       |                            |         |  |  |  |
|          |   |                         |                  | 90         | <del> -\- </del>                      | <del>-  -</del>            |         |  |  |  |
|          | 171   |                         |                  | 91 ·       |                                       |                            |         |  |  |  |
|          |   | <del>  </del> -         |                  | 92         |                                       | -  -                       |         |  |  |  |
|          |   |                         |                  | 94         |                                       |                            |         |  |  |  |
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|          |   |                         | <del>-[ </del>   | 96         | +                                     |                            |         |  |  |  |
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MULTIPLE DEPENDENT CLAIM

930 FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

| SERIAL NO.   |             |
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|                 |            | 建設           | <b>3</b>   |                                       | 2        |                     | 7            |  |

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| ł           | 151         | <del> </del>                                      |             |         |                       | $\Box$   |             |  |           |           |
| ł           | 152<br>153  | ├   | -           | _       |                       | 4        |             |  | $\perp$   | _         |
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|             | 156         |   |             | 7       |                       | +        | <del></del> | <del> </del>                                     | +         | _         |
| L           | 157         |   |             |         |                       |          |             | <del>                                     </del> | +         |           |
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|             | 75          |   |             | ╁╴      |                       |          |             |  | ┼         |           |
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